MIAMI COUNTY JOB INJURY CLAIM PROCEDURES

IF YOU EXPERIENCE AN ON THE JOB INJURY, PLEASE FOLLOW THESE INSTRUCTIONS:

- Fill out a Miami County Incident Report and return to you supervisor immediately (maximum 24 hours)
- Fill out the Medical Release Form and return to your supervisor immediately (maximum 24 hours)
- Take the First Report of Injury, Occupational Disease or Death (FROI-1) to a Medical Provider
- Fill out the Request for Temporary Total Compensation, form C-84, (only if you are taken off work for more than 7 days) give the form to your physician to complete.
- All forms are to be returned to your Supervisor within 24 hours of receiving them. This includes all documentation received from the Health Care Provider.
- Keep your Supervisor updated on your medical condition

Miami County requests that you seek medical attention for all non-emergency treatment from:

Premier Occupational Health-North

Address: 988 S. Dorset Rd. Suite 203

Troy, OH 45373

Phone: 937-440-7358 Hours: 8am – 5pm M-F

After hours or emergency situations, seek treatment at the closest Hospital Emergency Room

You may seek treatment from any provider. However, unless that provider is Bureau of Workers Compensation certified, you may be held personally responsible for the payment of treatment after the first visit.

Keep your Workers Compensation Coordinator informed on the status of your injury. Submit the Medco 14 form, (Doctor's Instructions) after each Doctor visit to Teresa Gross in Human Resources.

Should you have any questions regarding the illness/injury or if you receive medical bills at home for a work related injury, please contact Amy Saltis at 937.440.5917 or <u>asaltis@miamicountyohio.gov</u>.

Transitional Work/Modified Duty is designated to <u>temporarily</u> enable the occupationally injured or ill employee to continue to work productively while adhering to the work restrictions designated by the treating physician.

Transitional work assignments are at the discretion of the Appointing Authority.

Employer Information	Worker's Compensation Coordinator
Name: Miami County	Name: Amy Saltis
Address: 201 W. Main St.	Department: Human Resources
Troy, OH 45373	Title: Human Resource Generalist
Risk No: 20005598-0	Phone: 937-440-5917 Fax: 937-440-3542